

Doc Code:

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|   |                      |                        |             |
|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/705,989             |             |
|   | Filing Date          | November 12, 2003      |             |
|   | First Named Inventor | Lilip Lau              |             |
|   | Art Unit             | 3736                   |             |
|   | Examiner Name        | Samuel G. Gilbert      |             |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number | PARCR 65989 |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                        |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply                                | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)   |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information                                    |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):     |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | <b>Postcard Request for Certificate of Correction</b>                               |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | 24201   |   |

**Certificate of Correction**  
JAN 10 2007

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                     |          |        |
|--|---------------------|----------|--------|
| Firm Name                                  | FULWIDER PATTON LLP |          |        |
| Signature                                  |                     |          |        |
| Printed name                               | JOHN S. NAGY        |          |        |
| Date                                       | January 2, 2007     | Reg. No. | 30,664 |

| CERTIFICATE OF TRANSMISSION/MAILING   |              |      |                 |
|---|--------------|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on |              |      |                 |
| Signature   |              |      |                 |
| Typed or printed name   | JOHN S. NAGY | Date | January 2, 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

LILIP LAU ET AL.

Patent No.: 7,097,611 B2

Issued: August 29, 2006

Serial No: 10/705,989

Filed: November 12, 2003

For: EXPANDABLE CARDIAC  
HARNESS FOR TREATING  
CONGESTIVE HEART FAILURE

Examiner: Samuel G. Gilbert

Group Art Unit: 3736

Client ID/Matter No: PARCR 65989

January 2, 2007  
Los Angeles, California

REQUEST FOR CERTIFICATE OF CORRECTION

Certificate of Correction Department  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The above-identified patent has been found to have the errors set forth in the enclosed Certificate of Correction. It is requested that this Certificate of Correction be issued and returned to us. Since these errors occurred in the final printing phase of the patent and in the final application, a check in the amount of \$100.00 is enclosed to

01/09/2007 SSESHE1 00000050 7097611

01 FC:1811

100.00 DP

cover the necessary fees. If any additional fees are needed, please charge Deposit Account No. 06-2425.

The errors are verifiable in the patent application file as follows:

**ERROR**

**APPLICATION FILE**

Page 1, U.S. PATENT DOCUMENTS,  
delete "5,562,616 A 10/1996 Haber et  
al.".

Printing error.

Page 4, column 1, OTHER  
PUBLICATIONS, after "Schetky, L.  
McDonald," delete "Shap- Memory" and  
insert --Shape-Memory--.

Applicant error.

Page 5, column 2, delete "Howard R.  
levin" and insert --Howard R. Levin--.

Applicant error

Column 20, line 56, after "may be a"  
delete "5".

Printing error.

These errors occurred in good faith and correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

It is requested that a Certificate of Correction be issued and returned to us.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

A duplicate of this document is attached.

Respectfully submitted,

FULWIDER PATTON LLP

By: John S. Nagy  
John S. Nagy  
Registration No. 30,664

JSN:ck  
Enclosures

Howard Hughes Center  
6060 Center Drive, Tenth Floor  
Los Angeles, CA 90045  
Telephone: (310) 824-5555  
Facsimile: (310) 824-9696  
Customer No. 24201

150277.1



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

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A duplicate of this document is attached.

Respectfully submitted,

FULWIDER PATTON LLP

By:   
John S. Nagy  
Registration No. 30,664

JSN:ck  
Enclosures

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6060 Center Drive, Tenth Floor  
Los Angeles, CA 90045  
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150277.1

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**

Page 1 of 1

PATENT NO. : 7,097,611 B2

APPLICATION NO.: 10/705,989

ISSUE DATE : August 29, 2006

INVENTOR(S) : Lilip Lau et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Page 1,

U.S. PATENT DOCUMENTS, delete "5,562,616 A 10/1996 Haber et al."

Page 4,

Column 1, OTHER PUBLICATIONS, after "Schetky, L. McDonald," delete "Shap-Memory" and insert --Shape-Memory--.

Page 5,

Column 2, delete "Howard R. levin" and insert --Howard R. Levin--.

Column 20,

Line 56, after "may be a" delete "5".

## MAILING ADDRESS OF SENDER:

**John S. Nagy  
Fulwider Patton LLP  
6060 Center Drive, 10<sup>th</sup> Floor  
Los Angeles, CA 90045**

This collection of information is required by 37 CFR 1.322 and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief of Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

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PTO/SB/17 (07-06)

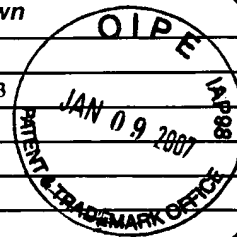
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.

**FEE TRANSMITTAL  
for FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$100.00****Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/705,989        |
| Filing Date          | November 12, 2003 |
| First Named Inventor | Lillip Lau        |
| Examiner Name        | Samuel G. Gilbert |
| Art Unit             | 3736              |
| Attorney Docket No.  | PARCR 65989       |

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid(\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |               |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |               |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |               |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |               |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |               |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |               |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                          |              |                 |                      |
|--------------------------|--------------|-----------------|----------------------|
| <b>Total Claims</b>      | <b>Extra</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____ - 20 or HP = _____ | x            | <u>\$25.00</u>  | = <u>\$0.00</u>      |

HP = highest number of total claims paid for, if greater than 20.

|                         |              |                 |                      |
|-------------------------|--------------|-----------------|----------------------|
| <b>Indep. Claims</b>    | <b>Extra</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____ - 3 or HP = _____ | x            | <u>\$100.00</u> | = <u>\$0.00</u>      |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                   |                      |
|---------------------|---------------------|---|-------------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |
| _____ - 100 = _____ | <u>0</u> / 50       | <u>0</u> (round up to a whole)                          | x <u>\$125.00</u> | = <u>\$0.00</u>      |

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Certificate of Correction**\$100.00****SUBMITTED BY**

|                   |              |                                      |        |           |                 |
|-------------------|--------------|--------------------------------------|--------|-----------|-----------------|
| Signature         |              | Registration No.<br>(Attorney/Agent) | 30,664 | Telephone | (310) 824-5555  |
| Name (Print/Type) | JOHN S. NAGY |                                      |        | Date      | January 2, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.)                         |  | <b>Complete if Known</b> |                   |
| <b>FEE TRANSMITTAL<br/>for FY 2006</b>  |  | Application Number       | 10/705,989        |
|   |  | Filing Date              | November 12, 2003 |
|   |  | First Named Inventor     | Lilip Lau         |
|   |  | Examiner Name            | Samuel G. Gilbert |
|   |  | Art Unit                 | 3736              |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.      | PARCR 65989       |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b>   |  | <b>\$100.00</b>          |                   |

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON

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☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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| <b>Multiple Dependent Claims</b>                   |              |                       |
|  | Fee (\$)     | Fee Paid (\$)         |
| <b>Total Claims</b>                                | <b>Extra</b> | <b>Fee (\$)</b>       |
| - 20 or HP =                                       | x            | \$25.00 = \$0.00      |

HP = highest number of total claims paid for, if greater than 20.

|                      |              |                   |                      |
|----------------------|--------------|-------------------|----------------------|
| <b>Indep. Claims</b> | <b>Extra</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |
| - 3 or HP =          | x            | \$100.00 = \$0.00 |                      |

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**4. OTHER FEE(S)**

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Other (e.g., late filing surcharge): Request for Certificate of Correction

**\$100.00**

**SUBMITTED BY**

|                   |   |                                      |        |           |                 |
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